

The *seventh case* was a very mild one in which chorea appeared in the second month of pregnancy, the patient recovering under arsenic and bromides without the induction of labor.

From these cases the conclusions are drawn that chorea is most frequent in first pregnancies and in young women. It usually appears during the first six months, the worst cases occurring at the second, third, and fifth months. A mitral murmur was present in all cases. When labor is induced the choreic movements commonly cease. Treatment by drugs is useless, unless the case is a very mild one. After delivery hyoscin used hypodermatically is more efficient than morphine. All fatal cases had high fever. The prognosis in any case seems to depend on its severity within the first week or two of the spasms. Mania is a very dangerous symptom, and the induction of labor or abortion must be undertaken at once when the patient's mind begins to wander. If the spasms are severe enough to keep the patient awake at night, labor must always be induced. This should be done under an anæsthetic.

In severe cases the temperature may rise very suddenly, and hence it should be taken every hour, that efficient treatment may be begun so soon as high fever occurs. If the temperature rises above 100° F., measures should be taken to reduce it.

Transverse Incision of the Fundus in Cæsarean Section.—In the *Wiener klinische Wochens.*, 1897, No. 49, KNAUER reports, from Chrobak's clinic in Vienna, two cases of Cæsarean section in which transverse incision of the fundus was practised. Fritsch has claimed for this method the following advantages: First, the incision is made higher in the abdomen than by the other methods, so that the scar comes in the umbilical region, making the liability to hernia much less. Second, during the operation the abdominal walls are easily kept in apposition, the uterus is readily compressed, and blood does not easily enter the abdominal cavity. Third, the bleeding is very slight, and the stitches readily close the vessels. Fourth, the legs of the child present so soon as the uterus is opened, and the child is quickly extracted. Fifth, the wound rapidly grows less in size so soon as the uterus is opened. Sixth, the uterine wound, after the operation, is contained in the pelvis in its greatest extent.

The case described by the writer was that of a woman, aged twenty-six years and near the end of the first pregnancy. She had already had severe pains. On examination she was found to have a rachitic, highly contracted pelvis, whose true conjugate was 8 cm. Cæsarean section was performed and the uterus opened by a transverse incision across the fundus. The breech of the child immediately presented, and the fœtus was quickly extracted. It immediately cried and the cord was tied. The placenta and membranes were readily removed. The uterus at the fundus was but a finger's-breadth in thickness. There was but little bleeding, which ceased entirely when the sutures were applied. The uterus was closed with seven deep-buried sutures and a row of fine silk sutures closing the serous surfaces. At first the womb contracted poorly, and two injections of ergotine were given and the uterus was rubbed on its anterior and posterior wall. No compression was made upon the broad ligaments. The uterus finally con-

tracted well and was replaced in the abdomen, and the abdominal wall closed in the usual manner. Mother and child made an excellent recovery.

Especially remarkable in this case was the rapid contraction of the wound after the uterus was emptied. The seven stitches which closed it were placed very close together throughout its extent. After the uterus was emptied the incision was about 8 cm. in length.

In addition to this case a second is reported in which Cæsarean section was performed upon a woman who had cancer of the uterus too extensive to permit removal. The uterus was opened by the transverse incision, and the child quickly extracted. The amniotic liquid had been drained away for some time, and when the uterus was opened an arm presented in the wound. The same lack of hemorrhage was observed, and the extraction of the child was most successful.

The case was terminated by amputation of the uterus.

The Origin of General Dropsy in the Newborn.—AUDEBERT (*Revue Mensuelle des Maladies de l'Enfance*, December, 1897) reviews the literature upon this subject and finds that the cases reported have been associated with polyhydramnios, and less often with syphilis. Albuminuria was present in a small proportion of the mothers.

The writer's case was that of a child born in the mother's first pregnancy in spontaneous labor. The size of the fetus seemed during labor to be excessive, when the mother had strong pains, and succeeded in expelling the child. It survived but a few minutes, although the cord was beating at its birth. An examination of the child showed a large quantity of yellowish serum in the abdomen. The peritoneum was pale, the liver, spleen, and kidneys normal, and the mesenteric glands were not enlarged. There was also fluid in the pleural and pericardial sacs. The placenta was larger than normal and seemed made of very large cotyledons. The placenta resembled somewhat a syphilitic placenta. On inquiring concerning the family history, it was found that the father of the child had once had syphilis. An idea of the weight of the placenta may be obtained by referring to the fact that ordinarily the weight of the placenta is about one-sixth that of the child. The syphilitic placenta, however, is often one-fourth that of the infant.

[In a case of extreme polyhydramnios we had occasion to observe an infant in whom general dropsy was exceedingly well marked. All the serous cavities of the body contained fluid, while the cellular tissue was also dropsical. In this case the child could not be made to breathe, although its heart-beat persisted for some time after birth. The heart-action was especially slow and labored.—ED.]

The Treatment of Pregnancy and Labor Complicated by Cancer of the Cervix Uteri.—In the *Münchener medicinische Wochenschrift*, 1897, No. 47, FEHLING contributes a paper upon this subject. Regarding the frequency of cancer during pregnancy, Fehling has observed five cases in 3000 births. It is much less common than myoma in pregnancy.

As regards treatment, he advises extirpation through the vagina in the